

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

South Alabama Sleep Centers, Inc.
c/o Its President, Shakir R. Meghani
1865 Honeysuckle Road, Suite 3
Dothan, AL 36303

2. Article Number
(Transfer from service label)

7003 1010 0004 4315 7071

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Pamela Hughes*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Pamela Hughes

C. Date of Delivery

9/10/07

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Syed Hussain
1865 Honeysuckle Road, Suite 3
Dothan, AL 36303

2. Article Number
(Transfer from service label)

7003 1010 0004 4315 6081

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Pamela Hughes*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Pamela Hughes

C. Date of Delivery

9/10/07

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

South Alabama Sleep Centers, Inc.
c/o Colin H. Luke, Its Registered Agent for
Service of Process
1901 6th Avenue North, Suite 2600
Birmingham, AL 35203

2. Article Number
(Transfer from service label)

7003 1010 0004 4315 6043

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Colin H. Luke*
☐ Agent
☐ Addressee

B. Received by (Printed Name)

Colin H. Luke

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes